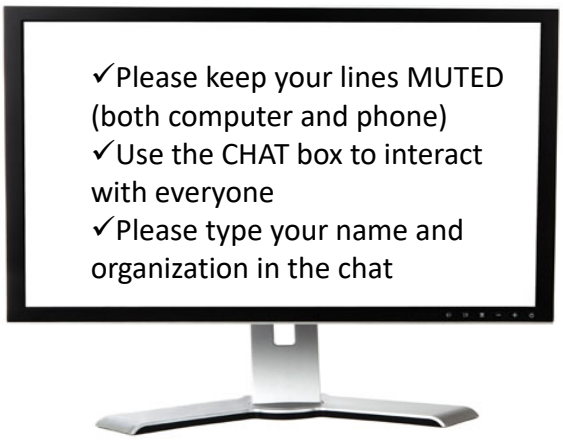

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES
Child Welfare Advisory Committee
July 19, 2023

We are so glad you are here!



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AGENDA

- CWAC Charge
- CFSP Recap
- CFSR Data
- Strengths Identification (large group discussion)
- Hope-Centered Framework
- Solutioning (breakout rooms)
- Hotline Updates
- National Center for Fatality Review and Prevention (NCFRP)
- Plus/Delta

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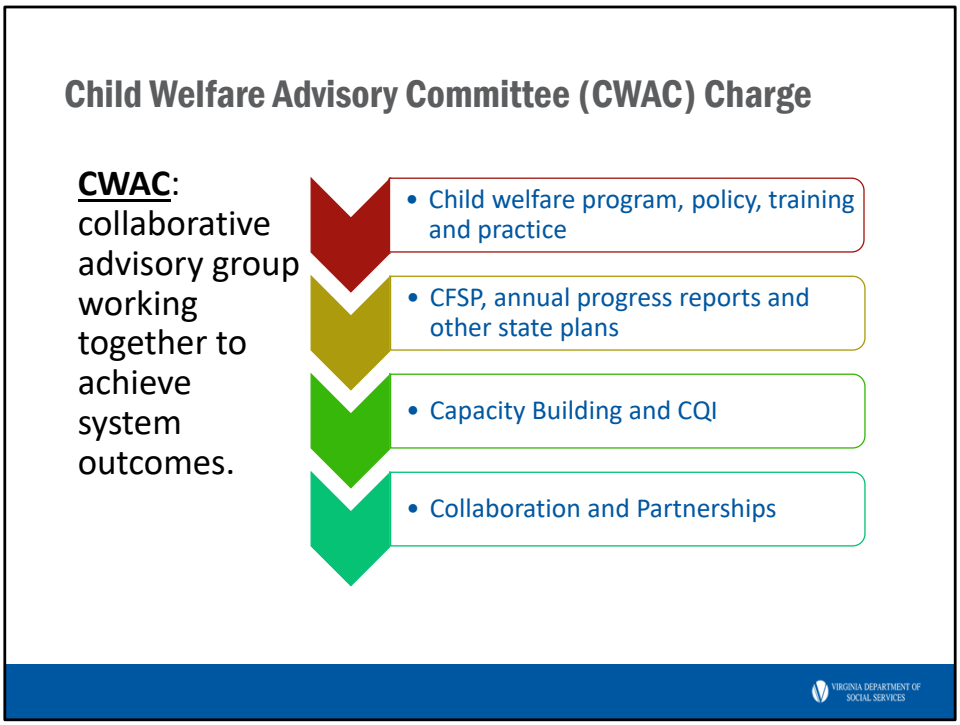
If you haven't done so already, please let us know you're here by writing your name and organization in the chat. Now that we have been holding these meetings virtual, we hope we are able to give more folks the ability to join our CWAC meeting from across the state. This is new sign-in sheet. But also, it gives everyone the opportunity to see the other partners involved in this work. If you are only participating via phone, please send me an email so I know you were here today and we can capture your attendance. And if this is your **first** CWAC meeting, please let us know in the chat.



You may recall this slide from our last meeting. CWAC is a collaborative advisory group whose charge is partner and advise how we get to our outcomes as a ***system***. We are working on developing our partnerships in meeting the outcomes.
The items we're working towards as a child welfare system include

- Child welfare program, policy, training and practice issues
- The development of the five-year Child and Family Services Plan and annual progress reports, as well as other state plans under the responsibility of Family Services including guiding the development and implementation of Virginia's Program Improvement Plan for any element that Virginia does not meet requirements of the Child and Family Services Review (CFSR)
- Ensuring that we build capacity and CQI efforts in achieving and improving all of our outcomes

Let's move to the next slide for a couple updates.

Division Updates

- New Staff
- DFS program/project updates

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Child & Family Services Plan (CFSP)

The CFSP is a **five-year strategic plan** that sets forth the vision and the goals to be accomplished to **strengthen** the states' overall child welfare system.

The Annual Progress & Services Report (APSR) is the annual update on the progress the state has made on the goals & objectives in the CFSP.

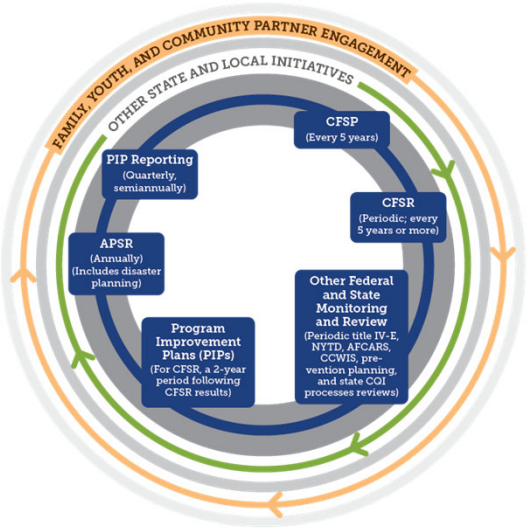

Image from Strategic Planning in Child Welfare (Child Welfare Capacity Building Collaborative)
https://capacity.childwelfare.gov/states/topics/cqi/strategic-planning

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Our CWAC meetings this year will have a primary focus on developing our Child & Family Services Plan. Our Child & Family Services Plan or CFSP is a five year strategic plan that identifies our state's child welfare vision & goals.. The Annual Progress & Services Report (APSR) is the annual update we provide on the progress we made on our CFSP. The graphic on the slide shows the child welfare cycles of planning, monitoring, and reporting. VDSS works to align goals and implementation activities throughout these cycles. We will discuss this a little more in the next slide

As part of our process to develop the next five year plan, we are moving through specific stages of the strategic planning process. As you can see on the slide, our focus in January through May will be on problem exploration to really identify our priority problems so that we can move into solutioning in June – September and make sure our plan strategies are aligned with all of our other requirements/priorities. October through February will be focused on ensuring our plan is complete and ready for leadership review beginning in March of 2024.

Quarter 1 CFSR Data
(February-April 2023)

CFSR Items	CFSR Baseline	6 Month Goal (11/22)	State (23) Q1	Central (4) Q1	Eastern (4) Q1	Northern (6) Q1	Piedmont (5) Q1	Western (4) Q1
Item 1- Timeliness	96%	95%	75%	50%	100%	75%	50%	100%
Item 2- Safety Services	81%	90%	60%	33%	67%	60%	40%	100%
Item 3- Risk and Safety	76%	77%	57%	50%	75%	50%	20%	100%
Item 4- Placement	67%	86%	58%	50%	50%	67%	67%	50%
Item 5- Perm Goals	71%	90%	83%	100%	100%	67%	67%	100%
Item 6- Achieving Perm	57%	78%	58%	50%	100%	33%	33%	100%
Item 7- Sib Placement	90%	90%	100%	100%	100%	100%	100%	100%
Item 8- Visitation	78%	85%	50%	50%	100%	33%	33%	50%
Item 9- Connections	95%	90%	83%	100%	100%	67%	67%	100%
Item 10- Rel Placement	81%	90%	67%	50%	100%	33%	67%	100%
Item 11- Relationship	75%	75%	50%	50%	100%	33%	33%	50%
Item 12- Needs/Services	79%	70%	65%	75%	100%	33%	40%	100%
Item 13- Case Planning	82%	80%	61%	75%	75%	50%	20%	100%
Item 14- CW Visits with Child	88%	90%	83%	75%	100%	83%	60%	100%
Item 15-CW Visits with Parents	80%	77%	61%	75%	75%	50%	20%	100%
Item 16- Education	100%	90%	79%	50%	100%	100%	33%	100%
Item 17-Med/Dental	74%	90%	87%	100%	100%	100%	50%	100%
Item 18- MH/BH	77%	90%	72%	67%	100%	100%	0%	75%

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MP 14-18: Focus on Items 7, 9 and 16
(November 21-January 22)

CFSR Items	Round 3 PIP Goal[5]	MP14	MP15	MP 16	MP17	6 Month Goal	MP18
Item 1- Timeliness	87%	88%	91%	90%	75%	95%	83%
Item 2- Safety Services	77%	79%	78%	78%	83%	90%	82%
Item 3- Risk and Safety	56%	64%	67%	74%	68%	77%	69%
Item 4- Placement Stability	79%	77%	77%	82%	82%	86%	72%
Item 5- Permanency Goals	75%	86%	81%	84%	87%	90%	79%
Item 6- Goal Achievement	48%	73%	70%	71%	71%	78%	65%
Item 7- Sibling Placement	77%	81%	96%	100%	94%	90%	90%
Item 8- Visitation	43%	68%	78%	86%	59%	85%	63%
Item 9- Connections	72%	86%	91%	92%	89%	90%	91%
Item 10- Placement with Relatives	56%	93%	95%	92%	89%	90%	88%
Item 11- Relationship	44%	66%	71%	79%	79%	75%	76%
Item 12- Needs and Services	46%	46%	49%	66%	63%	70%	68%
Item 13- Case Planning	43%	63%	71%	82%	78%	80%	78%
Item 14- Visits with Children	64%	77%	81%	90%	85%	90%	84%
Item 15- Visits with Parents	42%	64%	69%	80%	78%	77%	77%
Item 16- Education	91%	90%	97%	97%	89%	90%	93%
Item 17- Med/Dental	80%	88%	84%	97%	77%	90%	77%
Item 18- MH/BH	48%	73%	76%	87%	91%	90%	83%

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Q20 and Q1: Focus on Items 7, 9 and 16
(November 22-April 23)

CFSR Items	6 Month Goal	State (34) Q20
Item 1- Timeliness	95%	96%
Item 2- Safety Services	90%	81%
Item 3- Risk and Safety	77%	76%
Item 4- Placement	86%	67%
Item 5- Permanency Goals	90%	71%
Item 6- Achieving Permanency	78%	57%
Item 7- Sibling Placement	90%	90%
Item 8- Visitation	85%	78%
Item 9- Connections	90%	95%
Item 10- Placement with Relatives	90%	81%
Item 11- Relationship	75%	75%
Item 12- Needs/Services	70%	79%
Item 13- Case Planning	80%	82%
Item 14- CW visits child	90%	88%
Item 15- CW visits parent	77%	80%
Item 16- Education	90%	100%
Item 17- Med/Dental	90%	74%
Item 18- MH/BH	90%	77%

CFSR Items	CFSR Baseline	6 Month Goal	State (23) Q1
Item 1- Timeliness	96%	95%	75%
Item 2- Safety Services	81%	90%	60%
Item 3- Risk and Safety	76%	77%	57%
Item 4- Placement	67%	86%	58%
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Item 6- Achieving Permanency	57%	78%	58%
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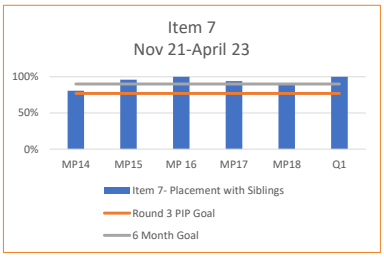
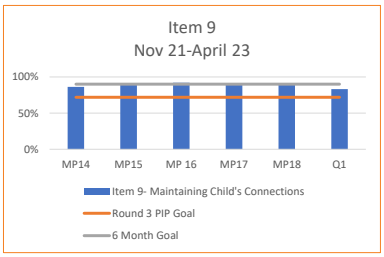
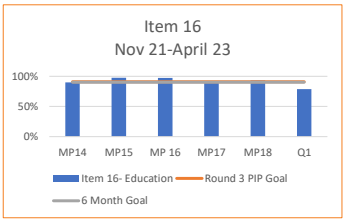
Item 18- MH/BH	77%	90%	72%

Focus on Items 7, 9 and 16
(November 21-April 23)







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Large Group Discussion: Virginia's Strengths

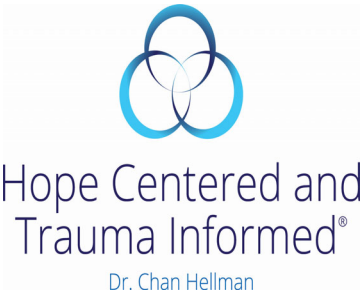
- **Menti Activity:**
- **What are Virginia's strengths – What is Virginia doing well in child welfare? What are the things we shouldn't lose sight of as we focus on developing solutions to identified problems? What are areas of strength we can build upon to develop solutions?**

» Join at **menti.com**

» use code **2698 5152**

Introduction: The Science and Power of Hope

Hope Navigator Session 1



Chan M. Hellman, PhD and Angela B. Pharris, PhD

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What is Hope?

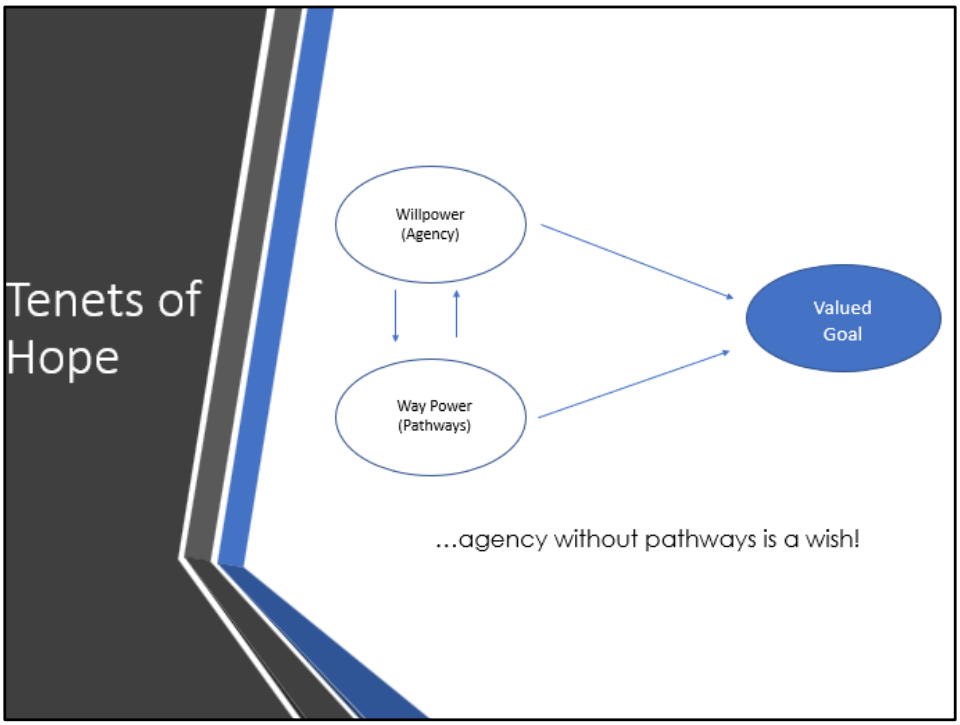
Hope is the **belief** that your future will be better than today, and **you** have the power to make it so.

The Simplicity of Hope

Goal setting is the cornerstone of hope.

Pathways refers to the ability to identify routes toward goals and to find new routes (problem solve) around obstacles if necessary.

Agency (Willpower) is the ability to sustain motivation to move along these pathways.

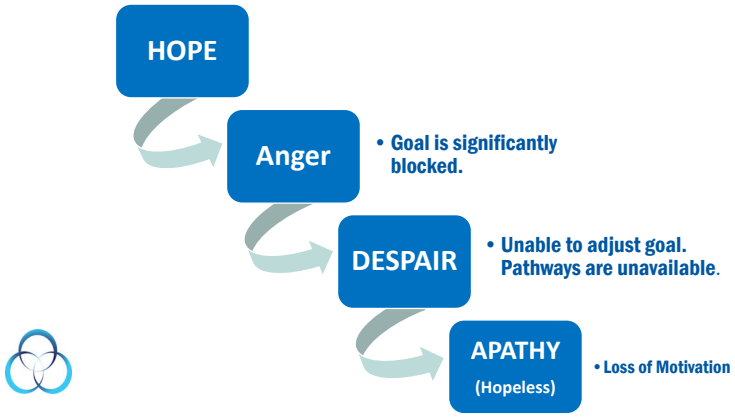

Tenets of Hope
Willpower (Agency)
Way Power (Pathways)
Valued Goal
…agency without pathways is a wish!

How Adversity/Trauma Influence Hope

- **Adversity Influences The Nature of Our Goals.**
  - Avoidant or Achievement Mindset
  - Short-Term and Long-Term
- **Pathways Thinking Becomes Difficult.**
  - Ability to consider barriers and problem solve
  - Ability to identify multiple pathways to goals
- **Willpower Is Drained by Fear and Rumination.**
  - Willpower is a potentially limited resource
  - Importance of nutrition

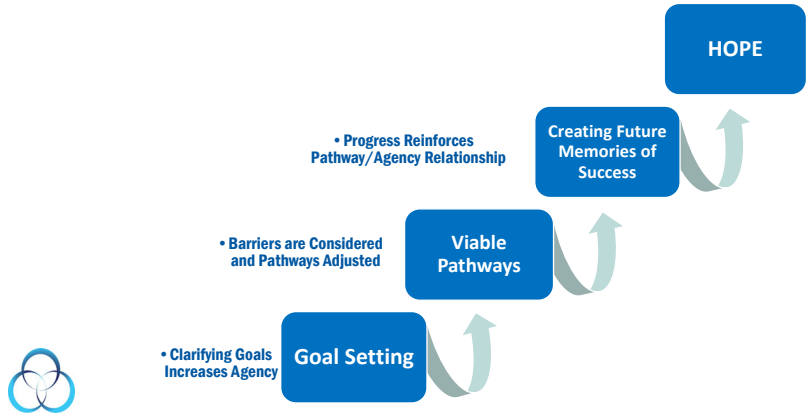
What is the opposite of hope?

THE LOSS OF HOPE IS A PROCESS



HOPE CENTERED AND TRAUMA INFORMED™

NURTURING HOPE IN CHILDREN AND ADULTS



Strategies To Nurture Hope

Introduce Hope	Introduce the concept of hope and discuss its core components (distinguish wishful thinking).
Goal Setting	Help develop personally relevant goals.
Pathways	List and discuss potential pathways toward goal achievement.
Willpower	Identify/describe sources of motivation.
Problem Solve	Identify and list obstacles.
Create Hope Visual	Create a Visual Map accessible for the reference.
Re-Goaling	Remember – We have the ability to re-goal.

Creating A Hope Centered Community

At the heart of change is our ability to understand the way things are right now in our lives…

… and that we can begin to imagine the way things could be.

This is where hope is born.

Hope Centered And Trauma Informed©

15 Minute Break – Return @ 10:03

- **Mute** your line
- **Disable** your camera

25

Let's take a 15 minute break

CFSP Problem Exploration Recap

- Problems identified and assigned priorities were developed from CWAC, review of reports, findings, etc, and discussion with community partners & lived experience. Using this process, we selected the five problem areas for CWAC to provide solutioning feedback on.
- Our breakout rooms will be working on identifying solutions in these areas, operating within our strengths-focused, trauma-informed & hope-centered framework.

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Breakout Rooms: Problem Areas

- Group 1: DSS is perceived as a punitive/reactive response, Needs to be proactive (i.e. non-CPS pathways)
- Group 2: Lack of meaningful family engagement in Protection/CPS
- Group 3: Lack of support to biological parents in Permanency
- Group 4: Need to increase & uplift kinship placement in Permanency
- Group 5: Need new system for recruitment, training, & professional development, including supervisory development (workforce)

Breakout Room Activity

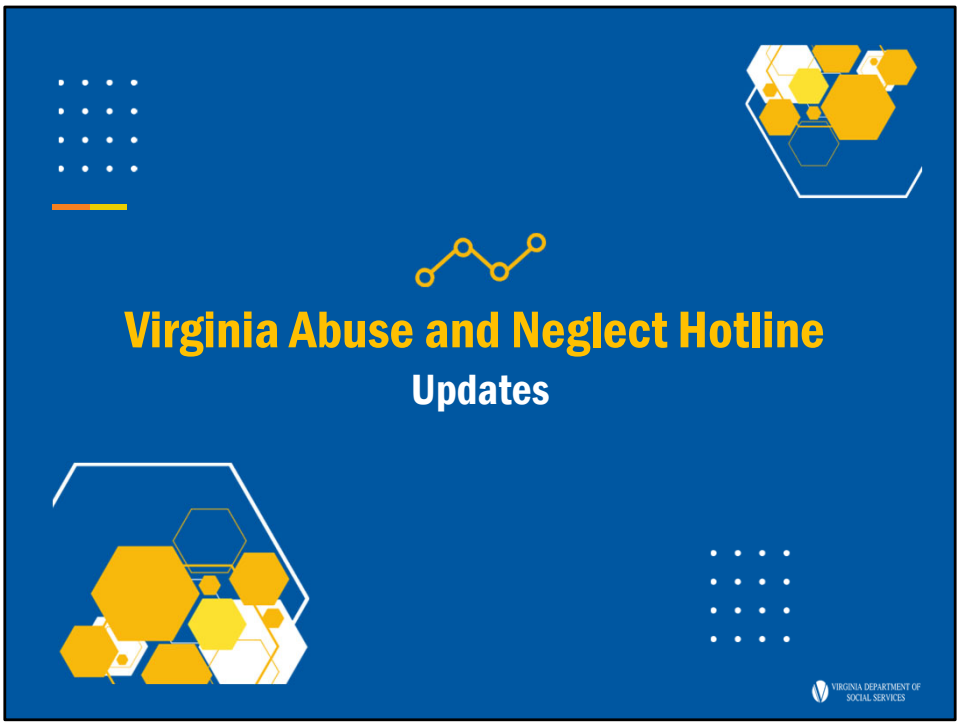
- **Task 1: Brainstorming**
  - Identify as many solutions as you can think of that would address the root cause (or contributing factors) of your problem area.
- **Task 2: Pick the solution the group the feels is achievable and most likely to make the biggest impact towards addressing the solution, including root causes/contributing factors. Please select a solution that is VDSS and/or LDSS related that can be implemented by the agency.**
  - Answer the following questions:
    - What resources are needed to implement this solution?
    - Who are the key partners to implement this solution?
    - What are ways we can monitor or document that this solution is effective?

5 Minute Break – Return @ 11:20

- **Mute** your line
- **Disable** your camera

29

Let's take a 5 minute break and when we come back we'll report out.


Virginia Abuse and Neglect Hotline
Updates
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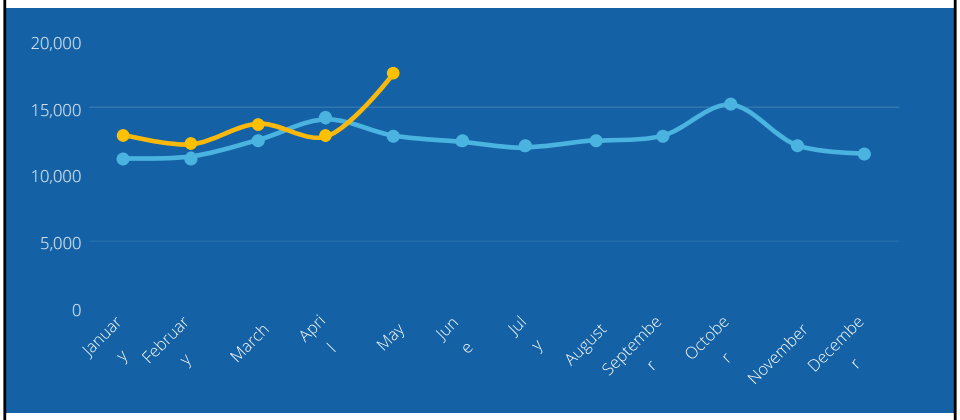
Total Number of Hotline Calls

Total Number of Hotline Calls

2022 JANUARY-DECEMBER

2023 JANUARY-MAY



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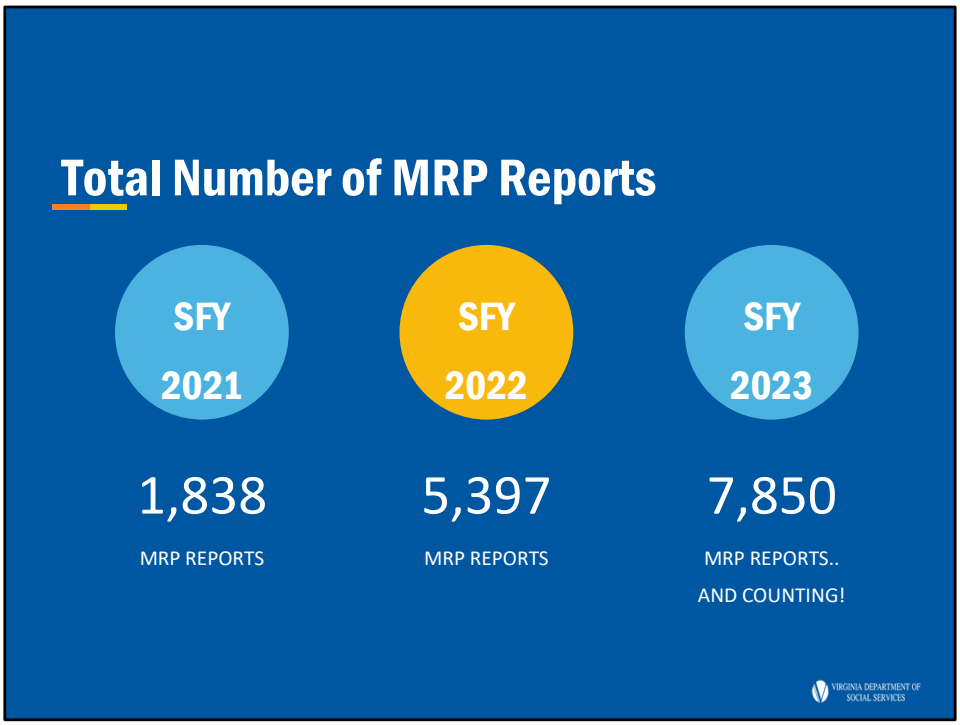
Total Number of MRP Reports
SFY 2021
SFY 2022
SFY 2023
1,838
MRP REPORTS
5,397
MRP REPORTS
7,850
MRP REPORTS..
AND COUNTING!
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January-April 2022 Call Data

AVERAGE # OF INBOUND CALLS WEEKLY

2,035

AVERAGE NUMBER OF ABANDONED CALLS WEEKLY

573

ABANDONED AFTER 8 MINUTES

CALL DATA

AVERAGE WAIT TIME

20 MIN

PERCENTAGE OF CALLS ANSWERED IN 10 MINUTES OR LESS

64%

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January-April 2023 Call Data

AVERAGE # OF INBOUND CALLS WEEKLY

2,123

AVERAGE NUMBER OF ABANDONED CALLS WEEKLY

314

ABANDONED AFTER 6 MINUTES

CALL DATA

AVERAGE WAIT TIME

5 MIN

PERCENTAGE OF CALLS ANSWERED IN 10 MINUTES OR LESS

85%

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Hotline Leadership

PROGRAM MANAGER

Eryn Clarke

SHIFT SUPERVISORS

Adam Jackson

Christy Clarke

Cassie Austin

Cory Elliott

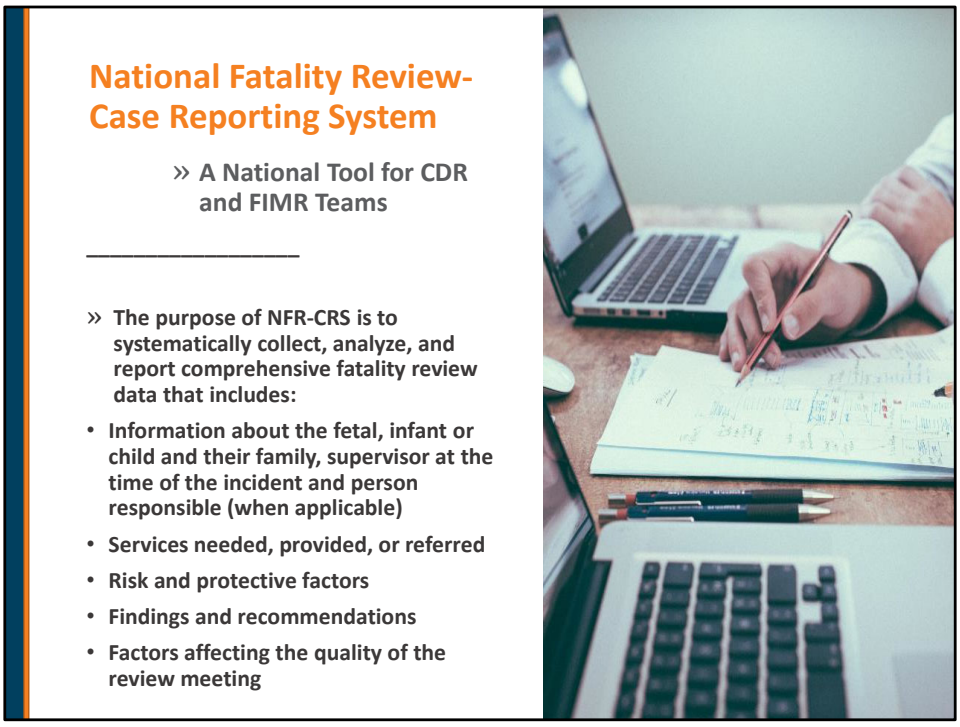

NATIONAL
CFRP
Center for Fatality Review & Prevention
DROWNING DSI AND CHILD DEATH REVIEW
VIRGINIA KICK-OFF
Telling Each Story to Save Lives Nationally

The National Center for Fatality Review and Prevention (National Center) is a program of the Michigan Public Health Institute (MPHI) and has been the recipient of the cooperative agreement for the national CDR technical assistance center since 2002. In 2015, MPHI was also awarded the cooperative agreement to serve as the national resource center for FIMR. Although these are separate cooperative agreements, they function as one program. The funding the National Center receives from HRSA serves as the foundation for most CDR and FIMR activities. In addition to HRSA funding, the National Center receives CDC, NIH, and private contracts from agencies like Casey Family Programs.

The National Center's charge is to support all aspects of fatality review. The work in fatality review is typically divided into two key buckets, programmatic and data. The staff at the National Center provide extensive technical assistance on topics ranging from creating partnerships, to improving data quality, to writing recommendations, to promoting well-being within team members. The National Center staff provides consultation and training to individual sites/states as well as comprehensive resources for the field that come in the form of data quick looks (commonly called an infographic), webinars, written materials, newsletter and listservs, training modules, and a 10-part Death Scene Investigation Learning Series. Additionally, the National Center provides real time guidance to the fatality review field on navigating emerging issues and public health crisis, such as the COVID-19 pandemic, weather-related disasters, or the opioid pandemic. The National

Case Reporting System (Case Reporting System) is the core pillar in which the National Center's activities are built around. In addition to the technical assistance I already described, additional technical assistance for Case Reporting System includes an extensive data dictionary, help desk services, support analyzing data, and services to states to improve data quality. The National Center also provides fatality review data to external partners through a data dissemination process and newly released tableau dashboards. Through quarterly connection with state and local fatality review teams, the National Center can stay connected to needs in the field. The National Center serves a conduit for passing information from federal and national partners to fatality review teams and vice-versa.

At its core, fatality review is a multidisciplinary process. The National Center plays a significant role in connecting fatality review teams to federal, national, and state partners. This allows for information sharing and the utilization of fatality review data in prevention work conducted by partners. In a nutshell, the National Center's role is to stay connected to the fatality review field and create resources that meet their needs.



The National Fatality Review-Case Reporting System (Case Reporting System) is a free, web-based data system available to CDR and FIMR teams. The Case Reporting System was established in 2005 for CDR and 2018 for FIMR. An estimated 92% of CDRs enter cases and data to the Case Reporting System (CRS), which includes over 250,000 CDR reviews of deaths. An estimated 40% of FIMRs enter cases and data to the Case Reporting System (CRS), which includes over 7,000 FIMR reviews.

The Case Reporting System is driven by cause of death, which drives the questions available. The Case Reporting System contains more than 2600 variables and many skip patterns that makes case entry efficient. In addition to the ability to enter cases, the Case Reporting System has standardized reports, the ability to create data visualizations, produce a FIMR case summary, a detailed data dictionary, multiple options for downloading data, and help desk functions staffed by the National Center. Currently, the Case Reporting System is on Version 5.1 and will be updated to Version 6.0 in April 2022.

The goal of NFR-CRS is to collect a wide variety of information about the context in which the child and family live, work, and play. NFR-CRS is focused on how systems function and documents everything from individual characteristics of the child and family, to prevention strategies. States can add a limited number of custom questions to the Case Reporting

System if there are state specific needs.

PROJECT OVERVIEW

How did we get here?

- Ongoing efforts at local, state, and national levels
- Revising drowning cause of death section in NFR-CRS in early 2021
- Workgroup identified need for enhanced DSI
- CDC launched funding opportunity

DROWNING DEATH SCENE INVESTIGATION AND CDR

Pilot Project to Explore Enhanced, Standardized Investigations and Data Collection

PROJECT PARTNER ORGANIZATIONS

- National Center for Fatality Review and Prevention
- National Network of Public Health Institutes
- Centers for Disease Control and Prevention

NATIONAL WORKGROUP

- Investigators
- Forensic pathologists
- ER Physicians, Pediatricians, & Researchers
- Representatives from CDC, NIH, and HRSA

Drowning Workgroup

Multidisciplinary Experts

- Investigators
- Medical examiners
- Researchers
- Emergency medicine
- Pediatrics
- Federal agencies: CDC, NIH, HRSA

Thank you for joining us today. These are our priorities heading into year 2 of funding. One of the priorities is simply building awareness for the project, so we are grateful to have been able to join you today to discuss our ongoing work.

Feasibility Study

Drowning case registry

Lessons learned in the pilot will inform future efforts to investigate, study, and prevent unintentional drowning in children.

Ultimately, the current project is a feasibility study to explore if pilot sites can partner with investigative bodies to collect detailed information using the DSI form/protocol, and if that information can represent better and enhanced knowledge about drowning risk factors, circumstances, deaths, and responses.

PROJECT ACTIVITIES

DEVELOP DSI TOOL

Develop a standard drowning DSI tool in partnership with a national workgroup.

PILOT TOOL in CDRs

Fund CDR sites to use the tool and conduct enhanced reviews of pediatric drowning deaths.

COLLECT DATA

Collect drowning variables in NFR-CRS and a focused drowning database

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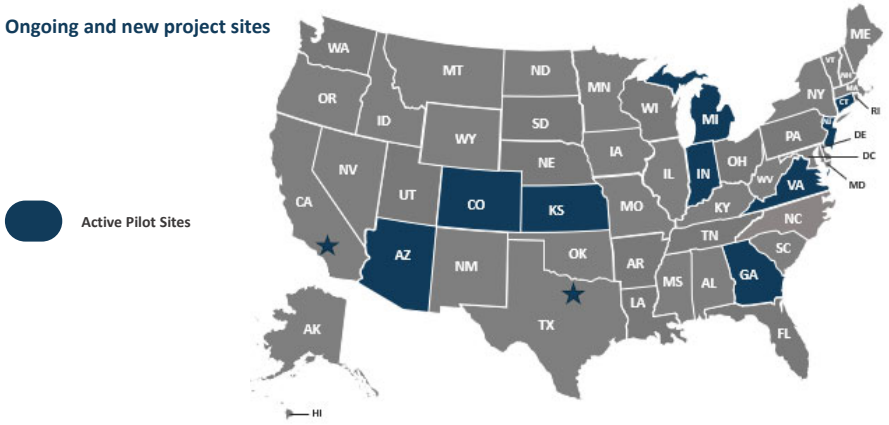
FEASIBILITY STUDY

Drowning Case Registry

Lessons learned in the pilot will inform future efforts to investigate, study, and prevent unintentional drowning in children.

State and Sub-State Jurisdictional Pilot Sites

Ongoing and new project sites



Active Pilot Sites

PILOT SITE ACTIVITIES

- Pilot drowning DSI form
- Identify, review, and complete data entry on all pediatric drowning deaths within 270 days of death
- Collect data fields in NFR-CRS and drowning database within 270 days of death
- Participate in DSI work group
- Build awareness of importance for drowning-related DSI

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PILOT MATERIALS

Resources to Collect DSI information and Drowning Data

DEATH SCENE INVESTIGATION FORM- BETA

- Form to collect standardized DSI information
- Standard questions for all deaths; 3 location categories
- Elements focused on investigative needs and risk factors/ prevention

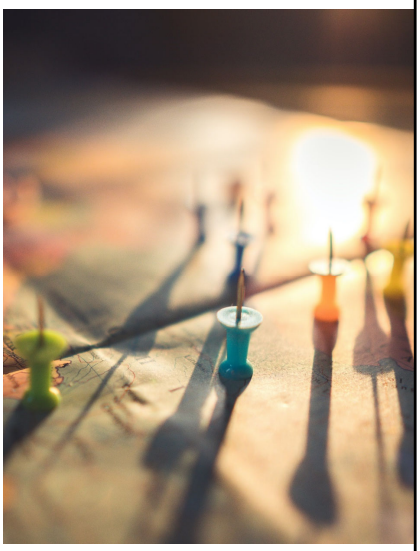
WATER-RELATED DEATH SCENE INVESTIGATION PROTOCOL (REDCap)

- Database mirrors the DSI tool
- For CDR staff to enter data from DSI
- Only collects de-identified information

WHAT NOW?

Participation

- Those who work in CDR may help by providing enhanced information in drowning cases
- Death scene information
- Contextual factors in drowning fatalities



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CONTACT INFORMATION

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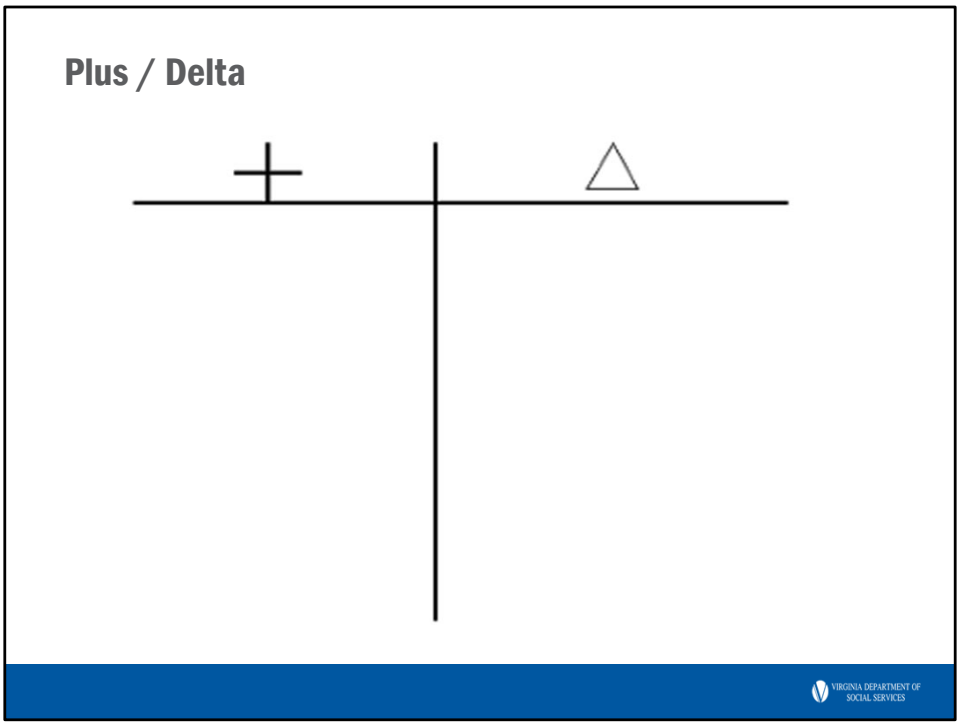
Next meeting, July 19, 2023



For those who are new to this meeting: plusses what went well and we should consider continuing on for future meetings. For deltas, what we should consider changing for our next meeting . Start with plusses. Write in the chat:


THANK
YOU
VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

What are the Strengths in Child Welfare in Virginia?

Large Group Discussion Results

Prevention

- We don’t place many children in foster care
- Virginia has done a fantastic job of ensuring response time to child maltreatment complaints.
- Family focused
- "Focus on preventing foster care
- Focus on supporting families"
- Lots of initiatives for pre-child welfare involvement happening.
- Virginia has one of the lowest rates in the country of bringing children into foster care.
- Kinship placements, family finding to prevent foster care
- Regional consultants are helpful.
- Family Engagement
- Parent support partners/coaches
- Ability to implement Family First Prevention Programs.
- Family focused
- expanded funded
- Focus on Kinship placements
- Family Engagement
- Family Focused
- Family First
- Relative Maintenance Payments
- Kinship placements
- Safety

Protection

- Low rate of entry into care
- Safety
- Holistic approach to family work
- timeliness
- Family finding and engagement
- Safety
- Training and coaching oversight.
- more family finding/kinship placements
- Family Assessments - 60 day timeframe to complete
- Collaboration with Prevention

- Safety
- moving to a more family engaged practice
- Timeliness to Victim Contact
- Safety Services

Permanency

- Trying to move away from the use of congregate care
- Strengthening families
- We are seeing more adoptions come to completion statewide.
- Resilience of staff and youth in the face of trauma
- Increased openness to kin for adoptive placements. Increased social emotional and behavioral well being for youth in kin families.
- increased support for teaching family engagement tools
- Stability with families
- Ability to use kinship waiver and pay relatives immediately.
- Engagement with the family, coaching and training for staff, kinship
- Focus on kinship
- Kinship
- Messaging " Kinship"
- Consistent kinship message
- Community voice in programs and services.
- Kinship engagement
- timeliness to permanency
- Concerted efforts on kinship placement in permanency
- Family engagement
- Decrease in the use of congregate care
- Looking at families
- Providing services and support
- Consideration of family that had been / wouldn't previously considered.
- kinship placements
- utilization of various funding
- Starting to utilize ICPC for Kinship placements
- Permanency
- using creative solutions to serve families in low-resource communities
- family centered approach
- concurrent planning!

Workforce

- Tireless
- Ability to see families can overcome
- desire to help families
- More robust focus on DEI
- Resilience
- Passion
- Use of stipend to help workers come into the field with child welfare specific education.
- Supportive Supervisors, dedication, team work
- Diversity
- Diversity
- multitalented
- The statewide training plan courses and the local courses.
- Passion for helping families
- Trauma informed
- adaptability
- Dedication
- Caring
- Understanding
- Hope
- Experience
- team work!
- flexibility and responsiveness
- perseverance
- Committed
- Empathy

Continuous Quality Improvement (CQI)

- Ability to look at continuum as a whole
- CFSR case reviews
- Local agencies having access to their own data
- CFSR team is doing a lot to prepare and sustain preparedness for round 4
- Transparency
- Data informed decision to help improve service delivery
- Support
- CQI Team
- Ability to continue case reviews between federal reviews.
- Data informed
- Increased communication between CFSR and CQI and data teams, and between CFSR and regional PCs

- Integration of Practice Profiles into what we do
- Always looking at new ways to share out data
- Good info “in” results in capturing better

CWAC 7-19-23 Breakout Room Notes

Breakout Room 1

Problem/Need: DSS is perceived as a punitive/reactive response – Needs to be proactive (i.e., non-CPS pathways)

Step 1 - Brainstorming

- This is what is best – State needs to restructure how they work and their expectations of people; you don't fund positions to allow people to do true primary or secondary prevention; kids coming into to care are from poverty – make serious programmatic funding changes; local agencies are funding themselves without funding from the State
- Must have legislature change if you're going to have structural changes. Family Resource Centers in the school lunch (i.e., certain schools provided resources if there was a certain percentage of students with free lunch, washing & dryers); created by statue.
- Students having a hard time finding a SS career outside of CPS and Foster Care – more funding for positions in prevention; building strengths, empowering people
- TV, News, Statistics drive the perception for SW and the work that we do. How the State share information; sharing more successes versus focusing on #complaints, # kids in foster care that get the news – share successes with the news. State – understanding positions and getting paid better – college is not cheap; work life balance. People want to hear about the positive stuff.
- Training – Overwhelm – What About Me???? Workers feel they do not have enough support and it pours into what they do into the community. Wellness – a lot of people on FMLA (my health is deteriorating because of the workload) – no work life balance – culture change – shift how we are leading and how we respond to staff; look at number of referrals assigned – the higher the workload, the faster they burn. Changing our Culture - Role Modeling, Coaching
- Parallel Process – Having empathy; recognizing high arousal state that staff can be in; regulating workload.

Step 2: Solutions

- (Charles City County): Prevention Multi-disciplinary Team (CSA Coordinator, Superintendent, SS, etc.) – meet every other month to discuss initiatives for the county (Family and Schools together/FAST) – getting ourselves out in the community; open to any child.

Share Success Stories – Changing the Message

What Resources to Implement this Solution?

- Social Media Sharing Positive or Success Stories
- What we share on social media drives perception
- Monitoring
- Making post everyday

What Partners would help with Messaging?

- Public Affairs

- Younger Folks – skilled and well-versed; Partnering with the University; School of Social Work – they could be very resourceful
- Share stories that could be source of training
- Having training about sharing at the university
- Students could share their experiences as new professionals
- Folks with Lived Experience; working with folks that you are serving
- Info session open to the public; recruit citizens

CWAC Breakout Room 2

Problem/Need: Lack of family engagement in Protection/CPS

Step 1: Brainstorming

- Depends on staffing (veterans vs. new staff)
- Changing the mindset for staff who have been there longer
- New staff may not have the experience with engagement, especially when there is resistance from families
- New workers may be unsure how to engage a resistant family member (could speak to it or explain the process, but not able to put it into practice)
- More emphasis on role play in trainings
- CPS is driven by requirements and mandates which has created "sharp edges" when working with families
    - Unlikely that the requirements will be reduced
    - Changing the mindset around engagement starting with new worker training to supervision within the local agency
- Power struggles have been observed with workers who are uncomfortable with resistance and engagement
- Training is incredibly helpful and needed, but firsthand experience and getting comfortable with those interactions with clients has been more valuable
- Agencies need seasoned staff who can model successful engagement
    - Lack of staff and turnover makes this difficult
- Importance of being able to reach a supervisor when on-call and needing support
    - This varies agency to agency

Step 2: Identify at least 1 solution for further development

- Solution 1 – Training
    - Consistency across agencies
    - Something to measure the culture of an agency, holding leaders of the agency accountable in an effort to change culture
    - More mandated training for supervisors
    - Enhancing training around cultural competency and empathy
    - *Resources needed*: staff, funding
    - *Key partners*: VDSS, LDSS
    - *Ways to monitor/document effectiveness*: surveys/feedback from LDSS

- Solution 2 – Regional Roundtables
    - Bring agencies together to talk through practice issues (including engagement)
    - Hearing about how other agencies successfully engage their families or model engagement for their staff
- Solution 3 – FPMs
    - There is an emphasis on making sure you have everyone at the table
    - Defining who should be at the table to make the meeting most effective
    - Flushing out what this looks like in practice, not just how it sounds in theory
    - FPMs seem to be improving especially with In-Home practice consultants in each region
    - A beneficial process that can show a family CPS is not adversarial and want to work together
- Wellness Boutique is a small consulting and training business in Roanoke, VA that I am connected to that also works with cultural/empathy training and family trainings/supports and facilitating. www.sisterwellnessva.com (wanted to give more resources)

Breakout Room 3

Problem/Need: Lack of supports to biological parents in Permanency

Step 1: Brainstorming

- MI focused on Permanency, education for workforce for the change process. Engage parents when they are most resistant.
- Give parents the same courtesies that we give each other as professionals. Parents' "caseload" is as heavy as the professionals without the support. Ask them to come forward, be humble, remember their perspective.
- Family Engagement- Need to be focused on parents which will build trust and to work/engage with them down the road. We hit barriers when we do service planning as a boiler plate without engagement to address issues. Have the skill set to discern the parent's ability to understand expectations. Parents will lose hope without the support and the experience that the goal moves. Breakdowns in relationships, trust, hope, clear expectations with the "why". Psychologicals are used to identify more problems and NOT as a baseline. These are viewed as against the parents and not for them.
- Partnering more effectively with the courts because FSS write goals based on what the courts expect and drive the practice. Discuss the policy with judges so they understand where the services are coming from and the parents get a single message. Courts create punitive approach. LDSS can present the why of the goals/services and focus on rehabilitation.
- Fatherhood initiatives. Single parent homes lack the support. Mandate visitation, parent support in addition to child support. Fathers didn't know their kids were in dire straits. Some of the mandates need to change. Some parents need basics. Include non-offending parent- bring in, look at/develop relationships between youth and non-offending parent, build them as resources for the child even if not a placement option.
- Root Cause: Kinship Resource Parent was only parent support prior to placement. Then the parent doesn't try as hard because they know the child is with family. Then the kin become town crier to DSS which undermines parent's experience of support.

- Private Provider can be brought in as TFC parent supports. A lot of effort is in recruitment which could shift to recruit to kinship. Some TFC have this service on their rate sheet and LDSS aren't taking advantage of it. (unknown barriers to not using this service- funding, don't believe it, LDSS doesn't believe that kin should need support) We need foster families who are fostering families not protecting the child from the family.

Step 2: Identify at least 1 solution for further development

Implement MI on the Permanency side and start there to engage families. It can be used effectively in this stage and train FSS to build trust which sets the stage for all engagement.

- Some LDSS were involved in MI training, start with directors, and carve out the time for FSS.
- It's being used in ILA by VHBG, to develop trust, breakdown barriers, engage families which developed culture change in program.
- Can we interweave it into mission/vision so it shifts from a training box checked, but no change in practice? Fold it into so training isn't the work but leads to the work.
- Train EVERYONE on cultural competency and biases to address root causes.

- What resources are needed to implement this solution?
  - Training along the continuum and from leadership down
  - We already have the staff for training.
- Who are the key partners to implement this solution?
  - Lived experience voice on how they have benefited from MI?
- What are ways we can monitor or document that this solution is effective?
  - Reunification #s, fewer FC cases, Duration of cases, time to identify kin, increase in family placements.
  - how does it benefit LDSS? (staffing impact?)

Breakout Room 4

Problem/Need: Kinship Foster Home Placements

Step 1: Brainstorming

- Front end identification of kin: you may need a placement within a matter of hours
  - How are they going to get a child to daycare; do they have a car that can accommodate so many kids; can they receive daycare assistance? We are looking at families that already have two children so adding two more children is a big change. We offer financial assistance but we don't offer trainings. There are things families run into that DSS doesn't think about.
  - We should include daycare assistance in what we give them versus them going to DSS themselves to get apply for that assistance because their income is being taken into account. We need to take all those scenarios into account when we ask them to take children. They are then stuck in a situation where they do not have enough assistance. We should treat kin as foster/adoptive parents in how we support them.
- CASA has received constituent calls about kin needing support (therapy/financial support). How do we resource our kinship families that want to step up and step in to prevent foster care.

We need greater public awareness of the resources that are available. Kinship are typically emergency situations. The more we actively put out info about resources then the better prepared folks can be. Foster parents have months of preparation versus kinship that do not get that time to prep.

- We forget to go back to family members who may have initially said no to a placement to see if the situation has changed. We have to get rid of the mindset that one no means no for the life of the case.
- We want the family members who will take children in but we can also utilize other members to provide support/play a significant role.
- Older children have a multitude of behavioral/mental health needs and the family has already tried to provide the support/placement. Acquiring services is a challenge for the families and they are scared to re-engage with the child/youth. Everything has to do with a lack of a system of care that tracks the children for case management and meeting their needs. Not just one entity is touching these children. We need a way in VA to connect the dots between the various entities. VA Beach is trying to develop a respite care program for non foster care children/youth.
- Summary: more communication and more immediate services ‘
- Kinship families are coming back around when children/youth become older and become involved in the courts.
- We need to find changes in generational gaps in caregiving. Need to do more education about how it is to raise children/youth today.

Summary of Solutions

- Front end identification of kin and engagement throughout the life of the case
- Treat kinship families like foster/adoptive parents
- Communication among systems
- Education of kin on expectations/parenting
- Awareness of resources for kin

Step 2: Solutions

Focus: Need to increase and uplift kinship placements in Permanency

Solution: Engage kin on an ongoing basis and utilizing all kin in various roles throughout the life a case.

Resources:
-Always need more staff
-A shift in perspective aka Family Seeing framework (problem is that counties are not all on the same page; DSS needs to get
-Training and information to make language/adaptive changes/cultural shift in DSS across the state
-Improved communication

Key Partners
-Courts: Judges/GALs/CASA

-Court services
-We need partners to value the importance of kinship

What are ways we can monitor or document that this solution is effective?
-Children/youth remain in kinship families
-Kinship numbers are sustained and increasing
-We need to engage kinship families and ask them what is working

Breakout Room 5

Problem/Need: Need a new recruitment, training and professional development system

- **Recruitment**:
  Competency:
  Training- getting training done and completed on the front end before caseload is assigned. Workers who do not have a caseload, they do not always have the ability to take what they learn in training and apply it directly/immediately. Having cases allows workers to bring real experiences to their training.
- **Professional Development**
  No Longevity

Solutions for the contributing factors:
Resources: Money, Technology

Recruitment-Looking at how the jobs are posted (descriptions of the job, how the application process is, and the interview process) are we passing up good candidates because of potential barriers in our processes.
The education barriers being lifted could be helpful to gain more candidates, however social worker graduates are able to hit the ground running a lot of times.

- Find values and recruit for those values- its hard to teach or train values. Recruiting worker who have a true understanding of the work that needs to be done with it and the trauma that comes along with it.
- Folks with nontraditional degrees (different than SW) have lots of value to bring to this work.
- Hiring folks that will complement your agency/program not just their education but their values and passion- who do we need to bring to the table.
- Stipend program be expanded to include or be opened to more than just Social Work Major
- DSS attend job fairs and have front line workers provide experience.
- Middlesex has created a recruitment video which has helped get attention
- Pulling from the community of folks with lived experience.
- Beefing up benefits, more paid time off for workers, mental health days, more information out there about our benefits, building out self-care Benefits- looking at what is offered, benefits that offer to pay off student loans

- Coming up ways that we can monitor this solution is effective:
- Data: Longevity of workers and why they are leaving (maybe we could do work on the front end) VDSS offer a exit survey to local agencies to determine why staff are leaving